

Children's Hospital

300 Longwood Avenue, Boston, MA 02115

Telephone (617) 355-6000

Behavioral Neurology

APRIL 28, 2003

PATIENT NAME: CALHOUN, ESTELLA
MEDICAL RECORD# 207-72-62
DATE OF BIRTH: 02/25/00
DATE OF VISIT: 04/28/03

ATTENDING: David K. Urion, M.D.

development. At the present time her development is appropriate for a 3 year old. She is able to broad jump, balance on either foot for at least 3-4 seconds, and can hop well. In terms of speech and language, she speaks in sentences and is 70% intelligible to other people. She knows all the colors and her body parts. In terms of fine motor skills, she is able to copy a circle and can stack several blocks. In terms of personal/social skills, she can put on clothes and can wash and dry her hands.

Estella previously received Early Intervention Services but graduated at 18 months as her development was appropriate. Her mother re-enrolled her at the age of 2 1/2 for a few months because of several sensory issues. Currently she is receiving occupational therapy once week here at Children's Hospital, but is not receiving any other therapy.

In terms of socialization, Estella now has one friend, but it seems that other children are scared of her because of aggressive behavior. She engages in imaginative and reciprocal play. She runs around in circles but it does not seem to be in a self-stimulatory manner or purposeless. It seems to be when she is very excited. She does not have any routines or rituals or any other repetitive behaviors.

Otherwise, her medical history is as detailed in your previous notes. She has no other medical problems. She does not take any medication at this time. She has never been on any stimulant medication. She has never had any behavioral therapy for any of her problems.

She lives at home with her mother, father, and 1 year old brother. Her father is in the Army and they are relocating to Korea for two years.

Family history revealed that there are no members of the family with attention or hyperactivity disorders. There is a paternal uncle who is said to be hyperactive. Estella's mother and father seemed to need extra help for short periods of time in their elementary school years, but otherwise achieved master's and bachelor's degrees without any subsequent learning problems. There is no family history of seizures, autism, developmental delay, or mental retardation.

On examination Estella weighed 19.7 kg., height was 130 cm., and head circumference was 50.75 cm. (over braids). [When you saw her, head circumference was 50 cm., 50th percentile.] Estella was well appearing and well nourished. She had no significant neurocutaneous stigmata and was not dysmorphic appearing. General examination was unremarkable.

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On neurological examination she was awake, alert, and quite attentive on tasks in the office, although she seemed hesitant and quite shy. She did not like to be touched and generally withdrew very easily. She did not have an impulsive style to her. After the neurological examination was completed, she was quite active in the office, playing around with her brother. She did not speak more than a few sentences in our presence but was engaging socially and smiling while playing with toys. She seemed to understand complex commands that were said to her.

Cranial nerves did not reveal any abnormalities. Fundi were not well visualized but pupils were equal, round, and reactive to light. Extraocular movements were full. There was no obvious visual field cuts. Facial movements were strong and symmetrical. Uvula, tongue, and palate were midline and rose symmetrically.

On motor testing she had normal muscle tone and bulk throughout. She seemed to have strong and symmetrical movements of all four limbs. We did not appreciate any asymmetry. Deep tendon reflexes were 2+ and symmetric and toes were down-going bilaterally.

On cerebellar exam she did not have ataxia or dysmetria. She responded to tickle in all four extremities.

She ran well with good speed and did not have any posturing on stressed gait testing. She was able to toe-walk well.

In summary, Estella is a 3 year old girl with a history of an extensive dural vein thrombosis and subsequent hemorrhagic thalamic infarction in the newborn period. She has been doing rather well since that time with appropriate development. At this point she has several behavioral issues related to impulsivity, inattention, and hyperactivity that are often seen in children with this history of neurological injury. At this time we do not feel that pharmacologic intervention is indicated, but do feel that she needs to be monitored closely. We will be in touch with her parents to provide names of neurologists in Korea affiliated with the Army whom they can see for follow-up. We would be happy to see Estella in the Neurology Clinic at the Children's Hospital when they return to the United States.

Thank you for the opportunity we have had to participate in Estella's care. Please do not hesitate to call us with any questions or concerns you may have.

Sincerely,

AUTHENTICATED BY THE ELECTRONIC SIGNATURE OF David K. Urion, M.D. ON 05/02/03.
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ATTENDING: David K. Urion, M.D.

Reet K. Sidhu, M.D. Fellow in Behavioral Neurology

I saw and evaluated this patient with the fellow. I discussed the history and examination with the fellow, and agree with the findings and plans as documented in this note.

David K. Urion, M.D. Attending Physician in Neurology

CC: Adre J. du Plessis, M.D.
Department of Neurology
Children's Hospital, Fegan 11
300 Longwood Avenue, Boston, MA 02115

CC: Lawrence Lawton, M.D.

AUTHENTICATED BY THE ELECTRONIC SIGNATURE OF David K. Urion, M.D. ON 05/02/03.

Children's Hospital

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Telephone (617) 355-6000

NEONATAL NEUROLOGY PROGRAM

PATIENT NAME: CALHOUN, ESTELLA
MEDICAL RECORD#: 207-72-62
DATE OF BIRTH: 02/25/00
DATE OF VISIT: 03/28/01

ATTENDING: ADRE DUPLESSIS, M.D.

Dear Dr. Zuckerman:

We had the pleasure of seeing Estella Calhoun for follow up today in the Neonatal Neurology Program at Children's Hospital. As you know, Estella is a now 13 month old youngster with a history of extensive ~~dural vein~~ ~~thrombosis with a small hemorrhagic right thalamic infarction in the newborn~~ period associated with neonatal seizures. As you recall, Estella only had seizures in the newborn period. She was only on phenobarbital for a short time, approximately 2-3 months. Estella has not had any further seizures since that time, and has been off phenobarbital since June of 2000.

Developmentally, Estella is doing wonderfully. She is actually advanced in achieving developmental milestones. In terms of gross motor skills, she has been walking since the age of 10 months. She has been running steadily for approximately one month. She usually crawls up stairs, but if she has her hands held or holds onto the railing, can go up one step at a time.

In terms of speech and language, she has approximately 10 words. She can say "bye bye dada" but mainly speaks in single words. She is able to follow complex commands easily. She is quite bright and understands all that is said to her. Her parents feel that her hearing is normal. They also feel that she has a good memory. For example, they hide things in certain locations, and later on she remembers where they were.

In terms of fine motor skills, she has a nice descending pincer grasp bilaterally. She can easily pick up Cheerios from a cup. She seems to be ambidextrous, but slightly favors her right hand. She is able to use the left hand well and has a well-defined pincer grasp on that side. She claps, waves bye-bye, drinks from a sippy cup and plays peek-a-boo. She takes off her socks, and tries to take off her shoes. She can put her hat on and can put her shirt over her head without putting her arms in the sleeves. She can take her shirt off easily. A nurse comes out to the home once a month through Early Intervention, but otherwise she does not receive any specific services.

On examination today, her head circumference is 46.5 cm., which is just above the 50th percentile, and has been growing along this isobar. Her weight is 29 pounds, which is above the 95th percentile. She is a very cute little girl with no obvious dysmorphic features. She is very alert and playful, smiling often throughout the visit. She fixed and followed objects easily throughout the evaluation, and was very visually attentive. There was no obvious field defect. Her pupils were equal, round and reactive to light. Her extraocular movements were full. Her facial movements were strong and symmetric. Peripherally, she had normal muscle tone and strength throughout, including the left upper extremity. Her reflexes were symmetrical. There was no ankle clonus. Her toes were downgoing bilaterally. Her gait was steady, although she did tend to posture her left arm, flexed against her chest, especially when running, but also present when walking quickly.

Overall, we are very pleased with Stella's progress. She has done wonderfully without any seizures since the newborn period. Her development is appropriate if not advanced for her age. She has a normal neurological examination, except for very mild posturing of the left upper extremity with

NEONATAL NEUROLOGY PROGRAM

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ATTENDING: ADRE DUPLESSIS, M.D.

running and walking fast that is likely a result of the right thalamic hemorrhage in the newborn period. Despite this, we do not feel that she has any significant clot at this point, especially one of any functional implication. We do not feel that any further workup is needed and are optimistic that she will do well without significant neurological sequelae. We do not necessarily need to see her back in the clinic for a follow up, but have told her parents to call us if new problems arise or they have further questions. Likewise, if she were to have any further seizures, we would like to see her back in clinic.

Thank you for the opportunity we have had to participate in the care of this delightful youngster. If we can provide any additional assistance or answer any other questions, please do not hesitate to contact us.

Sincerely,

Reet Sidhu, M.D.
Resident in Neurology

Adre J. du Plessis, M.D.
Attending in Neurology

CC: Pamela Zuckerman, M.D.
Centre Pediatrics
One Brookline Place
Brookline, MA 02146

Authenticated by the electronic signature of
ADRE DUPLESSIS, M.D. on 04/09/01

ORIGINATED BY: Navreet Sidhu
DATE ORIGINATED: 03/28/01

Children's Hospital

300 Longwood Avenue, Boston, MA 02115

Telephone (617) 355-6000

FETAL-NEONATAL NEUROLOGY PROGRAM**MAY 14, 2003**

PATIENT NAME: CALHOUN, ESTELLA
 MEDICAL RECORD# 207-72-62
 DATE OF BIRTH: 02/25/00
 DATE OF VISIT: 03/26/03

ATTENDING: ADRE DUPLESSIS, M.D.

Dear Pam:

I had the pleasure of seeing Estella Calhoun, a now 37 month old girl who developed a venous thrombotic lesion in the newborn period with hemorrhagic infarction. I last saw Estella around the age of two years, at which point she was doing remarkably well. However, over the past year or so she has developed some behavioral difficulties with aggression, impulsiveness, and emotional instability. She is also considered hyperactive with a decreased concentration span. She is currently in a cooperative preschool in Chestnut Hill, where she receives occupational therapy. She is able to pedal a tricycle downhill. She runs well. Her mother describes her as having a number of sensory integration issues and she is very sensitive to smells. She has had no seizures. She is a very restless sleeper and is unable to sustain sleep throughout the night. On direct questioning she has a number of idiosyncratic behaviors, such as running around in circles, and running back and forth between the same point in the house for up to 15 minutes at a time.

Her examination was unfortunately compromised by loud crying and fierce clinging to her mother. Her head circumference was 50 cm. and at the 50th percentile. Her facial movements while crying as well as extraocular movements appeared grossly intact. What I could discern from her strength and muscle tone appeared to be symmetric and normal. I watched her walk towards and away from my exam room and her gait appeared to be normal with no evidence of equinus posturing, scissoring or unsteadiness.

Estella's family is moving to South Korea since her father is being transferred in his military position. Obviously there are significant concerns about this youngster's behavior, attention span and issues that may impact her education, particularly in a foreign country. This is not an area of expertise for me and I have referred Estella to Dr. Reet Sidhu, in our Department for a more comprehensive evaluation of these issues. Estella has reached the age when she would need to graduate from our Neonatal Neurology Program and I feel that Dr. Sidhu would be a very good future neurologist for this youngster.

Thank you for allowing me to share in her care.

Yours sincerely,

Adre J. du Plessis, M.D. Department of Neurology Children's Hospital -
 Boston

AUTHENTICATED BY THE ELECTRONIC SIGNATURE OF ADRE DUPLESSIS, M.D. ON 05/14/03.

Behavioral Observation**Date : March 22, 2003****Child's Name: Estella Calhoun****D.O.B.: 2/25/00**

BACKGROUND INFORMATION: Estella is a three year one month old little girl who lives with her parents and younger brother. She has a history of a difficult birth with seizures at five days. She was followed closely by Early Intervention programs until age two when she was discharged. At age two years nine months she entered preschool at a cooperative preschool. Her mother reports that she started displaying a high activity level, impulsivity and began testing limits at school and at home. Teachers report that Estella has difficulty attending at group times, displays a short attention span and has difficulty accepting limits when placed upon her.

BEHAVIORAL OBSERVATION: Estella was observed in her home on 3/22/00 for approximately three hours. She is a verbal child with some developmental articulation errors noted at the beginnings of words. She was able to ask and answer "wh" questions, comment, label, and initiate conversations. She moved comfortably around her environment. She was observed interacting with her mother, little brother, an adult friend and, after a warm-up period, with the examiner. She used her hands to manipulate toys, turn pages of a book, and eat independently. Her mouth is somewhat open at rest with no drooling noted. She was observed to chew on the sleeve of her shirt often. Estella seems to crave proprioceptive input. She will run back and forth across the room; run around in circles; and shake her head from side to side repeatedly while playing alone. Her mother reports that she is very sensitive to smell and sound. She has difficulty having her hair washed and combed. She was observed hitting her brother and refused to comply when her mother attempted to place limits on her. She refused to stay in time-out and ran around the house. She was observed demanding a toy, "Barbie", and could not accept it when her mother explained that she didn't know where it was. Her behavior deteriorated at this point and she hung on her mother's leg crying for the "Barbie". When the examiner entered into the mother/child interaction and demonstrated behavioral intervention techniques, Estella was able to respond by staying in time-out until told that she could get up "when she was ready", calming herself, and returning to play with cues. She seemed to respond well when firm and consistent limits were placed on her.

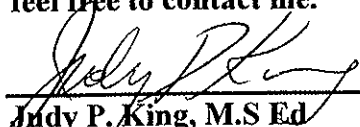
SUMMARY/INTERPRETATIONS: Estella Calhoun is a beautiful three year old little girl who appears to have difficulty modulating sensory input. This impacts on her ability to attend, stay on task, and behave in an age appropriate manner. She is an intelligent child who is interested about her environment and in learning. Her play skills seem to be at an age appropriate level. She is able to communicate effectively. At this point in time it is important to help her parents deal with her inappropriate behavior before it escalates and to provide services to help Estella regulate sensory input.

Behavioral Observation --Estella Calhoun (page 2)

RECOMMENDATIONS:

1. Estella would benefit from a complete assessment and services of an occupational therapist who is experienced in servicing young children with sensory integration dysfunction.
2. Estella would benefit by having a sensory diet integrated into her home/school day to help her modulate herself. Some possible techniques to be included would be a weighted vest, using a therapy ball to provide deep pressure massage, brushing and joint compressions and suspended equipment. Her occupational therapist would develop and supervise this program.
3. Estella needs limits to be place on her in a firm and consistent manner. Language should be simplified and direct. Adults need to show through facial expressions, tone of voice, and body language that they are serious. If time-out is necessary, it should be immediate with one firm warning . For example, "No-hitting-bad thing to do". Because Estella is a young child, a short time-out period in a consistent place is suggested. Possibly 30-60 seconds would be necessary giving Estella the cue to think about what she has done and that she can get up when she is ready. Also, it is important to "actively ignore" Estella while she is in time-out and also "actively provide positive attention" when she returns from time-out.

It has been my pleasure meeting Estella. If I can be of any further assistance, please feel free to contact me.



Judy P. King, M.S Ed
Early Childhood Special Educator



Date

31 Rachael Circle
South Easton, MA 02375
(508)238-8124

TRIPLER AMC, HI

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Personal Data - Privacy Act 1974 (PL 93-579)

Consult Notes

decrease in weight and was admitted with dehydration. Apparently she developed left facial seizures at about 13 days of age and imaging revealed a hemorrhage in the right lateral ventricle, a small focus of hemorrhage in the right thalamus, and she was noted to have thrombosis of the dural venous sinuses. As a result of these findings, she was followed closely through the Developmental Pediatric Service. Documentation in April 2003 suggested that there was a concern about some ADHD symptoms as well as some aggressive behaviors. She was never started on medication, and the mother is still concerned about her behaviors. At the present time she seems to have problems with hyperactivity and aggressiveness. She tends to fidget a lot. In school she is getting out of her chair, she is bothering other children, and she is talking out of turn. The teacher has changed her seat assignment multiple times this academic year. Her aggressiveness seems to be provoked, although it can follow trivial provocation. It is seen both with peers and with her 3-year-old younger sibling and/or her parents. For example, the mother states that this morning Estella became angry and threw a toy at her mother. When she is angry and upset, it sounds like she becomes very loud and boisterous, and she has some physical aggression as well. In general, when she is playing with peers, she can interact in a socially appropriate manner, but some of her play is a bit aggressive.

st evaluation suggested ADHD, but her behaviors were not felt to be severe enough to warrant medication. She has also been seen through the Child Study Group and Child Psychiatry, but no intervention was recommended several years ago. The mother is concerned because these aggressive behaviors have continued and the mother worries that the etiology is the hemorrhaging that she suffered as a neonate.

In addition to the aggressive behaviors, Estella also was noted to have some obsessive compulsive behaviors. She is quite particular about the organization and location of her dresser drawers. She also is quite organized with regards to her toys and the cleanliness of her room. When asked if she has any bothersome thoughts, she admits that she is commonly thinking bad words or thinking about breaking or throwing things, but she does not compulsively act on these thoughts.

Academic: she is in kindergarten. She was in a developmental preschool program. In the past, she has received OT and PT services. She currently is doing grade-appropriate work in kindergarten. The mother states that she knows her alphabet and she knows her shapes. She knows the sounds of the letters and she can count to 20 without difficulty. She needs some assistance to count to about 50. She speaks in full sentences. She can do make-believe play with Barbie dolls. She is able to ride a bicycle without

Name: CALHOUN, ESTELLA M	FMP/SSN: 01/578068634	Sex: F	PCat: A41
Spon: CALHOUN, SILAS JAMES	Clinic: PEDIATRIC NEUROLOGY CLINIC		
OC: CAPTAIN	Outpt Rec Rm: SB FP1 RECORD SECTION		
Unit: 0025 IN BDE 3D BDE LT	H#: 624-9487	DOB: 25 Feb 2000	
MTF: TRIPLER AMC, HI	W#: 255-8876momcell	Ins: N HIPAA Y	
Ins Co:	Policy #:	CM:	
MC Status: ENROLLED	Reg comm:		

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26 Oct 2005@1147 Page 3

Personal Data - Privacy Act 1974 (PL 93-579)

Consult Notes

training wheels. She can skip, she can draw, and she can color very well. Her early handwriting skills sound like they are appropriate.

Past Surgical History: none

Medications: none.

Allergies: None.

Family History: Negative for ADHD, obsessive compulsive disorder, psychological problems or any aggressive behaviors.

Social History: She lives with her parents and a younger brother.

Physical Examination: Blood pressure is 101/48, pulse 94, respirations 18, height 122 cm which is greater than the 95th percentile. Weight is 29.4 kg which is greater than the 95th percentile. Head circumference is 51 cm. In general she is an alert, pleasant, fairly cooperative young lady who is in no apparent distress. She was rather fidgety during the office visit, often changing her position in her seat. During the office visit she was sitting, then she was on her knees then she was facing backwards, and at one point she was leaning over with her hands on the ground so that she was almost upside on her chair. HEENT is unremarkable. There are no dysmorphic features. Lungs are clear. Cardiovascular is without murmur. The abdomen is benign. Neurologic: Cranial nerves II through XII: pupils are equal and reactive to light. Extraocular muscles are full without nystagmus. Visual fields are full to confrontation and she has sharp disks bilaterally. She has normal facial strength and sensation, normal hearing to a finger rub, normal tongue and palate movements and a normal shoulder shrug. Sensation is intact to light touch, proprioception, double simultaneous stimulation and graphesthesia. Motor reveals normal tone and good strength in all four extremities. Cerebellar: she has normal finger-to-nose and rapid alternating movements. Romberg is normal. Gait is normal to include toe, heel and tandem. She is able to hop on each foot. Reflexes are normal.

Impression: Estella is a 5 and 1/2-year-old who had a dural sinus venous thrombosis secondary to dehydration as a neonate, with resultant small right thalamic hemorrhage and intraventricular hemorrhage. Her neurologic examination is normal in detail. By history it sounds as if she has some ADHD symptoms with impulsivity, inattentiveness, and also some hyperactivity. She also appears to have some obsessive compulsive behaviors with some disturbing thoughts and some compulsive behaviors with regard to the organization of her bedroom and her dresser drawers. She also has some aggressive behaviors that sound as if they are provoked and directed

IC : CALHOUN, ESTELLA M
Spon: CALHOUN, SILAS JAMES
Rank: CAPTAIN
Unit: 0025 IN BDE 3D BDE LT
MTF : TRIPLER AMC, HI

FMP/SSN: 01/578068634 Sex: F PCat: A41
Clinic: PEDIATRIC NEUROLOGY CLINIC
Outpt Rec Rm: SB FP1 RECORD SECTION
H#: 624-9487 DOB: 25 Feb 2000
W#: 255-8876momcell Ins: N HIPAA Y

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when presented with auditory/verbal items than when presented with nonverbal items that required object manipulation for problem solving.

Five separate subtests were administered, including a supplemental verbal subtest involving picture naming (naming a given picture). This subtest score, which fell within the low end of the Average range, was not included in the calculation of her composite, or Full Scale score.

Estella's subtest scores ranged from the Borderline range to the high end of the Average range. When comparing her different subtest scores, she displayed a significant strength and a significant weakness (described below).

COGNITIVE ASSESSMENT REPORT SUMMARY:

Relative Strengths:

- Significant strength (high end of the Average range) on a task assessing Estella's receptive vocabulary skills: Estella was required to look at a group of four pictures and point to the one that the examiner named. Estella consistently responded correctly before finally reaching a ceiling of errors. Her performance on this task reflects well developed comprehension and auditory memory/processing skills.
- Age appropriate skills on a task assessing Estella's fund of general, factual information skills: Estella was asked to respond to the examiner's questions by choosing one of four picture response choices. Subsequent items required her to provide verbal answers to the examiner's questions. When presented with the picture response items, she willingly pointed to the correct answers, earning credit for each of the six presented items. When the examiner asked her to answer presented questions, however, Estella earned credit for the first item by pointing to the requested body part on herself but did not respond to the subsequent items that required her to provide verbal responses. She turned away from the examiner and appeared reluctant to participate in the task. When the examiner asked her mother to assist by having her mother pose the questions to her, Estella was willing to provide several correct verbal responses before reaching a ceiling of errors.
- Skills within the low end of the overall Average range on other tasks assessing Estella's understanding of part-whole relationships/nonverbal reasoning/trial-and-error ability (assembling puzzles) and her picture naming skills (naming a presented picture).

Needs/Concerns:

- Significant weakness (Borderline range) on a task assessing Estella's visual alertness and her matching/copying skills (arranging blocks to form given designs): The examiner modeled block designs for Estella and then asked her to copy the design using her own set of blocks. Estella earned credit for the first four of eight presented items, which involved stacking two and three solid red blocks, respectively, and copying other two-to-three block designs. Despite the examiner's modeling and the provision of a second trial for failed items, Estella did not earn credit for subsequent designs that required correct orientation of different-colored blocks (using red blocks and white blocks). Estella's performance on this task may have been influenced by her limited attention/motivation.
- Estella was reluctant to respond to items that required verbal responses; it was necessary to have mother involved during testing in order to elicit appropriate responses.
- The referral information cited sensory concerns and behavioral concerns.

IMPLICATIONS FOR LEARNING:

* Additional information may be attached as appropriate. Subtest scores or profile sheet can be attached.



STATE OF HAWAII

DEPARTMENT OF EDUCATION

PRIOR WRITTEN NOTICE

OF DEPARTMENT ACTION

Date: 9/25/03Student's Birthdate: 2/25/00

To the Parent(s)/Guardian(s) of

ESTELLA CAHOUN

Name of Student

FROM:

JAN IWASE

Principal

HALE KULA ELEMENTARY SCHOOL

School

1. Description of the proposed or refused action:

Estella was found eligible for special education services under the category of Emotional Disturbance

2. Explanation of why the action is proposed or refused:

Estella exhibits aggressive behaviors + is difficult to discipline. sensitivity issues, overloaded in group situations, needs to chew on things, sensitivity to bright lights

3. Description of other options considered:

None discussed

4. Reasons these options were rejected:

Not applicable

5. Description of the evaluation procedures, tests, records, or reports used as a basis for the proposed/ refused action:

Wechsler Preschool and Primary Scale of Intelligence, Kaufman Survey of Early Academic & Language Skills, Receptive Language Scale, Vineland, Health and Family data, Observation, former Teacher's report, Behavior Neurology Report, Parent input.

6. Other relevant factors:

As the parent of a student with a disability or suspected of having a disability, you are entitled to protections described in the attached procedural safeguards notice. If you have any questions regarding its provisions, you may contact the agencies listed in the notice or contact JAN IWASE at 622-6380.

ATTACHMENT: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504/Chapter 53)

DISTRIBUTION: School, Parent, District

DLTSS Rev. 11/01
Prior Written Notice Form

Conners' Teacher Rating Scale - Revised (S)

by C. Keith Conners, Ph.D.

Child's Name: Estella M. Calhoun Gender: M (F)
 Birthdate: 2 / 25 / 00 Age: 3 School Grade: Preschool
 Teacher's Name: Marjorie Ann Kim Today's Date: 10 / 20 / 2003
Month Day Year Month Day Year

Instructions: Below are a number of common problems that children have in school. Please rate each item according to how much of a problem it has been in the last month. For each item, ask yourself, "How much of a problem has this been in the last month?", and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to each item.

NOT TRUE AT ALL (Never, Seldom) JUST A LITTLE TRUE (Occasionally) PRETTY MUCH TRUE (Often, Quite a Bit) VERY MUCH TRUE (Very Often, Very Frequent)

- | | | | | |
|---|---|---|---|---|
| 1. Inattentive, easily distracted | 0 | 1 | 2 | 3 |
| 2. Defiant | 0 | 1 | 2 | 3 |
| 3. Restless in the "squirmy" sense | 0 | 1 | 2 | 3 |
| 4. Forgets things he/she has already learned | 0 | 1 | 2 | 3 |
| 5. Disturbs other children | 0 | 1 | 2 | 3 |
| 6. Actively defies or refuses to comply with adults' requests | 0 | 1 | 2 | 3 |
| 7. Is always "on the go" or acts as if driven by a motor | 0 | 1 | 2 | 3 |
| 8. Poor in spelling | 0 | 1 | 2 | 3 |
| 9. Cannot remain still | 0 | 1 | 2 | 3 |
| 10. Spiteful or vindictive | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 13. Not reading up to par | 0 | 1 | 2 | 3 |
| 14. Short attention span | 0 | 1 | 2 | 3 |
| 15. Argues with adults | 0 | 1 | 2 | 3 |
| 16. Only pays attention to things he/she is really interested in | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his/her turn | 0 | 1 | 2 | 3 |
| 18. Lacks interest in schoolwork | 0 | 1 | 2 | 3 |
| 19. Distractibility or attention span a problem | 0 | 1 | 2 | 3 |
| 20. Temper outbursts; explosive, unpredictable behavior | 0 | 1 | 2 | 3 |
| 21. Runs about or climbs excessively in situations where it is inappropriate | 0 | 1 | 2 | 3 |
| 22. Poor in arithmetic | 0 | 1 | 2 | 3 |
| 23. Interrupts or intrudes on others (e.g., butts into others' conversations or games) | 0 | 1 | 2 | 3 |
| 24. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 25. Fails to finish things he/she starts | 0 | 1 | 2 | 3 |
| 26. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand instructions) | 0 | 1 | 2 | 3 |
| 27. Excitable, impulsive | 0 | 1 | 2 | 3 |
| 28. Restless, always up and on the go | 0 | 1 | 2 | 3 |

Student's Name: CALHOUN, ESTELLA M

10. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Reading Assessment Used: Exempted

Assessment Date:

Grade Equivalent:

Scaled Score:

Parental Concerns: Behavioral concerns.

Behavior: Estella has made gains in behavior. She is able to sit in small and large group when integrated with kindergarten, but does not always participate. Teacher has to prompt her to participate at times. At times, she may give an opposite response when asked a question during group instruction. When prompted by teacher, she will cease these "wise" remarks to another adult. She is more aware and in control of her behavior. Her activity level is calmer, and she is not as impulsive as she used to be. In the company of another child who is active and excitable, she will become very active and become impulsive. When necessary, Estella will take turns with a reminder. She is a great help during clean up. In the presence of her mother, often times Estella will not follow directions or delay in following directions when given by teacher and mother. Mother shared, that Estella does not always follow directions from other familiar adults. Estella prefers to walk in front of the group. Unless reminded, she will walk 10 or more feet away from the group. When her hand is not held, Estella prefers not to walk beside an adult. Even with reminders, she will walk in front or stall and walk behind of adult.

Estella's displays adequate gross motor and fine motor skills in class. She is able to hop a distance of 10 feet on each foot, skip alternating feet, maneuver herself forward as well as, spin on a scooter board, and alternate feet going up and down steps. She has great endurance for running. Estella is able to write her first name, and cut straight and curved lines with a scissors. Pictures such as people and sun that she draws are recognizable.

Sensory Skills: Estella will participate in a variety of tactile experiences such as: water table, sprinkler play, corn starch, play doh, painting and gluing. She tolerates touch from peers such as a hug, or being brushed against. She also tolerates touch from adults, but at times her expression is somewhat distrustful. She has acclimatized to wearing a bicycle helmet, which was previously difficult for her. Estella tolerates various noise levels in the classroom, playground and cafeteria. When those around her get excited, Estella tends to pick up on their activity level and mood and may have some difficulty regrouping and settling down. She has made significant gains in her ability to follow instructions, but will sometimes test limits. Estella enjoys activities involving movement and resistance, such as smashing play doh, pulling apart and connecting toys, and outdoor play, which helps her to improve her focus and participation.

Estella is able to express her wants and needs. She is also able to recognize colors and shapes, rote count to 20, count and show correct number of fingers for up to 5 objects, demonstrate understanding for age level quantitative and directional/positional concepts, use 5+ words in a sentence, and tell functions of objects.

Impact Statement:

Estella's behavior problems impact on her ability to function in age appropriate environments.

0384

Student's Name: CALHOUN, ESTELLA M

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Reading Assessment Used: Exempted

Assessment Date:

Grade Equivalent:

Scaled Score:

Parental Concerns: Behavioral concerns.

Behavior

Estella demonstrates appropriate behavior in a small size (6-8) class. She also demonstrates appropriate behavior when placed in a large group of 20 with special education teacher present to monitor behavior. During resource teacher instruction, she has had to be reminded about behavior on occasions. When reminded she will calm down.

Adequate Gross Motor and Fine Motor Skills

She is able to hop a distance of 10 feet on each foot, skip alternating feet, maneuver herself forward as well as, spin on a scooter board, and alternate feet going up and down steps. She has great endurance for running. Estella is able to write her first name, and copy her middle and last name. She can cut straight and curved lines with a scissors. Pictures such as people, spiders, flowers and sun that she draws are recognizable.

Adequate Self Help Skills

Indicates and takes care of own toileting needs. Able to dress self with pull down clothing and pull over clothing. Able to manipulate fasteners: buttons, zippers, and snaps.

Adequate Preacademic Skills

Able to communicate verbally expressing wants and needs, and answering questions. Able to recognize colors and shapes, rote count to 20, count and know correct number of fingers for up to 5 objects, demonstrate understanding for age level quantitative and directional/positional concepts, use 5+ words in a sentence, and tell functions of objects. Knows some letters and numbers.

Impact Statement:

Estella's behavior problems in the past have hindered her ability in functioning in age appropriate environments.

0401

Student's Name: CALHOUN, ESTELLA M

EXTENDED SCHOOL YEAR (ESY): Unless the student requires an extended school year as part of a free and appropriate public education, the IEP will be in effect during the regular school year only.

The standard for an extended school year has been applied: The student (check one)

☒ **DOES NOT** meet the standard for an extended school year

☐ **DOES** meet the standard for an extended school year

STATE THE EXTENT TO WHICH ESY IS NECESSARY:

21. SERVICES: Special Education and Related Services	Projected Beginning Date	Projected Ending Date	Frequency (Mins/Times/Period)	Location	ESY Yes/No
Special Education	4/22/2005	6/6/2005	1770m week	Gen. Ed./SPED	No
Special Education	6/6/2005	4/22/2006	30m month	General Ed.	No

Supplementary Aids and Services, Program Modifications and Supports for School Personnel:	Projected Beginning Date	Projected Ending Date	Frequency (Mins/Times/Period)	Location

22. STATE-WIDE ASSESSMENT: (Check one)

☒ 1. Not applicable for the present school year. The student is not or will not be in a grade level participating in a state-wide assessment during the duration of this IEP.

☐ 2. Student will participate in state-wide assessments. No accommodations/modifications are necessary.

☐ 3. Student will participate in state-wide assessments with the following accommodations/modifications:

☐ 4. Student will participate in the Hawaii Alternate Assessment. Participation in state-wide assessments is not appropriate for the following son(s):

23. Explain the extent, if any, that the student will not participate with students without disabilities in the general education class, extracurricular activities and other non-academic activities:

Placement for the remainder of the School Year 2004 - 2005 will be in a fully self contained preschool special education class to address concerns about behavior. During the remainder of this School Year 2004 -2005, Estella will be integrated with kindergarten once a week for Music, Videos, and Center Time, and every other week for Hawaiiana. During the School Year 2005 -2006, Estella will be placed full time in a regular education class.

0404



DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD
TRIPLER AMC, HI 96859-5000

REPLY TO
ATTENTION OF

Child & Adolescent
Psychiatry Service

17 October 2003

RE: Calhoun, Estella
DOB: 25 February 2000

Medical Statement

Estella is a 3 year 8 month old girl who was evaluated by the Child Study Group at Tripler Army Medical Center last month. Please see the Psychiatric Intake don on 15Sep03. The Child Study Group evaluation is performed by a multidisciplinary team. This team consists of child psychiatrists, a developmental pediatrician, a social worker, a speech therapist, an occupational therapist, and various trainees. Patients are assessed in three one-hour once-a-week group sessions usually consisting of three to eight children.

In the sessions, the patient had difficulty separating from mother. She was anxious and initially stood frozen and mute in the middle of the room. Over time, she warmed up but still had anxious reactions to others. She was quite hesitant to interact with adults but would eventually become engaged. When an adult spoke to her, she would stop moving and stare at them for a period of time. When peers asked her to play, she ignored them. The patient did follow instructions such as drawing and cutting. However, she was easily distracted. Her speech, when produced, was clear with complex sentences. However, the answers were often irrelevant or erroneous. There was no hyperactivity, but the patient was impulsive. There were some disorganized responses. At one point, her 18 month old brother, who was a visitor in the sessions, was crying for his mother. The patient showed no concern. When asked about her brother, she looked confused, then went over to him and pulled him arm and poked him in the chest. She did this while smiling and giggling. She then pulled his leg as he sat in the pediatrician's lap, jumped up and down holding onto the leg, and then rubbed his head in a rough manner. She had rough interactions but did not display overt aggression. No tics or hyperactivity was noted. She was anxious with constricted affect. No psychotic features were manifest. Overall, the patient seemed to be a slow to warm up and anxious child. In unfamiliar situations, she is inhibited and clings to mother. And when her anxiety is triggered, she becomes cognitively and behaviorally disorganized. It is unclear if she has comprehension problems or if her presentation is related to extreme anxiety. There are ADHD features of distractibility and impulsivity that may be treated. As part of the evaluation, screening labwork was ordered. However, it was not done due to mother's overwhelming anxiety about the blood draw. According to mother, she has refused to get blood draws on the patient since Estella was an infant due to the patient's protests. Conners forms were given and the Teacher's form has yet to be returned. The Parent's form revealed significant ratings for oppositional, inattentive, and hyperactive symptoms.

Impression:

Axis I: 312.9 Disruptive Behavior Disorder, NOS
300.00 Anxiety Disorder NOS

Axis II: Deferred

Axis III: Sensory Integration Disorder, headaches. History of shoulder dystocia upon delivery. History of dehydration, sagittal thrombosis, and right intraventricular hemorrhage, seizures, and right-sided weakness as infant

Axis IV: Peer relational problem

Axis V: Current GAF: 45

Oct 23 03 11:00a

TAMC Dept of Psychiatry

(608) 433-4591

Recommendations:

1. Mother declines the use of medications to treat the patient's ADHD symptoms. Medications may help the patient to focus better and delay an emotional, aggressive reaction. Then, her anxiety could be reassessed for need of further treatment. Mother will seek a child psychologist for behavioral therapeutic approach.
2. It would be helpful to obtain the completed Teacher's Conner Rating Scale form. The severity of the patient's symptoms may be assessed and monitored over time.
3. Continue Occupational Services for Sensory Integration Disorder as she was receiving them in Boston.
4. It would benefit the patient to have a 1:1 skills trainer to help the patient focus, organize herself, and interact with others. This will likely reduce the patient's impulsive aggressive behaviors.
5. If aggressive acts continue, the patient should be placed in a self-contained classroom of six or fewer students. This will decrease overstimulation and anxiety and offer closer supervision of the patient.
6. A language evaluation would help to elucidate if there is a comprehension problem.
7. Point of contact is the undersigned who may be reached by phone 433-6418, by fax 433-4591, or by the above address.



Megan T. Marumoto, M.D.
Child & Adolescent Psychiatrist

QUARTERLY REPORT

Page 3 of 5

FOR OFFICIAL USE ONLY

Sensory Integration/Tolerance

As reported in the initial evaluation summary and through the Sensory Profile that was completed by Mrs. Calhoun, EC has multiple concerns processing, interpreting, and regulating most sensory input. Throughout this quarter sensory tolerance and integration activities focused on modulation/regulation, body awareness, proprioceptive input, gravitational insecurity, tactile discrimination, and heavy work that required strength and endurance. EC would participate in many sensory tasks but was initially hesitant during activities that challenge her gravitational insecurity body awareness/scheme. However after repeated exposure and verbal encouragement EC was able to participate in these tasks for approximately 2 minutes. During proprioceptive tasks EC was a willing participant but was not able to sustain functional performance secondary to fatigue. Additionally, she displayed interest in tactile discrimination activities after they were introduced and demonstrated by the therapist but was only accurate with interpreting the input 40% of the time. These areas will continue to be assessed and addressed in treatment sessions, see goals below.

Summary

EC present as a happy and energetic 4 yo girl with moderate sensory processing difficulties, which dramatically affect her ability to explore and/or perform many self-care tasks and age-appropriate play skills. EC continues to be an appropriate candidate for Project ASSIST Occupational Therapy services according to this medically based review of her current level of functional performance.

Recommendations

- ⊗ EC may possibly benefit from playgroups in her community to facilitate same age social opportunities.
- ⊗ EC may possibly benefit from enrolling in swim lessons during the summer break to address strengthening, endurance, play and sensory exploration.
- ⊗ EC may possibly benefit from follow-up of a consult from neurology (for EEG as per previous attending physician in Boston, MA).
- ⊗ EC may possibly benefit from a consult with a developmental pediatrician for continued follow up.

RECORDS MAINTAINED AT:

SB FPI RECORD SECTION

PATIENT'S NAME:

CALHOUN, ESTELLA M

SPONSOR RELATIONSHIP:

FATHER

SPONSOR'S NAME:

CALHOUN, SILAS J

DEPART./SERVICE:

Army

SEX:

Female

STATUS:

USA DEP AD

RANK/GRADE:

O3

ORGANIZATION:

TAMC

SPONSOR'S SSN/IDENTIFICATION NO.:

01/578-06-8634

PATIENT'S SSN/IDENTIFICATION NO.:

DATE OF BIRTH:

25 Feb 2000

MONITORING FORM

Student: Estella Grade: K Date completed: Aug 21 2025
 ✓ Regular Education Teacher: reem myer Subject: ✓

Frequency: Weekly_____ Bi-monthly_____ Monthly_____ Quarterly_____

Please complete the checklist below to indicate this student's progress.

ACADEMICS	ALWAYS	OFTEN	SOME TIMES	SELDOM	NEVER
Listens to Instructions			✓		
Follows Directions			✓		
Participates in activities and discussions		✓			
Completes class assignments		✓			
Completes homework assignments		✓			
Keeps papers organized		✓			
SOCIAL/BEHAVIOR	ALWAYS	OFTEN	SOME TIMES	SELDOM	NEVER
Displays responsible behavior			✓		
Relates with peers positively		✓			
Demonstrates appropriate self-esteem		✓			
Asks for assistance when in need		✓			
Remains on task			✓		
Works independently		✓			

of Absences 0 # of Tardies 0 # of Discipline Referrals 0 # of Parent contacts 6-7

Is there a behavior support plan? yes Are you following it? yes Is it successful? yes

Is there a crisis plan? Yes Are you following it? Yes Is it successful? Yes

Does daily instruction incorporate IEP/504 MP accommodations?_____

What other services/modifications might benefit this student?

Would you like a conference? Yes If yes, with whom? _____

Additional comments may be written on the back.

EXHIBIT
10
TAGUABA